UTILITY		Attorney Docket No. P-6064-US					
PATENT APPLICATION			Inventor or Applicat			EDETC V	
TRANSMITTAL		Title				ERETS, Yona LTI-ALGORITHM	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))			DETECTION	- Aloni	33 FOR MU	LTI-ALGORITHM	
		Expre	ss Mail Label No.				0
		T^-		Commissi	oner for Pat		-
J	APPLICATION ELEMENTS See MPEP chapter 600 concerning patent application contents	AD	DRESS TO: I	P. O. Box ⁻	1450 , VA 22313		38
1.	* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7.	CD-ROM o	or CD-R in Program (/	duplicate, la	rge table or	17858
2.	Applicant claims small entity status. See 37 CFR 1.27.	8.	Nucleotide and/o	r Amino Ac	id Sequence	Submission	178
з. 🔀	Specification [Total Pages 19] (preferred arrangement set forth below)				le Form (CR	RF)	
	- Descriptive title of the Invention		h Specific	estion Som	ence Listing		
	- Cross References to Related Applications		i. [
	- Statement Regarding Fed sponsored R & D		- =		or CD-R (2 o	copies); or	
	- Reference to sequence listing, a table,		_ ". [_]	paper			
	or a computer program listing appendix		c. Stateme	ents verifyi	ng identity of	f above copies	
	- Background of the Invention	┝	ACCOM	PANYING	APPLICATION	ON PARTS	
	- Brief Summary of the Invention	9.	Assignmen	t Papers (c	over sheet &	document(s))	
	- Bnef Description of the Drawings (if filed) - Detailed Description	10.	☐ 37 C.F.R. §	3.73(b) Sta	tement	Power of	
	- Claim(s)	10.	(when there	is an assi	gnee)	Attomey	
	- Abstract of the Disclosure	11.	English Tra	nslation Do	cument (if a	pplicable)	
4.	Drawing(s) (35 U.S.C. 113) [Total Sheets 5]	12.	Information Statement(I	Disclosure DS)/PTO-1	449	Copies of Citations	IDS
5. Oath o	r Declaration [Total Pages 4]	13.	Preliminary				
а.	Newly executed (original or copy)	14.	Return Rece	eipt Postca	rd (MPEP 53	303)	
ь. [Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)	15	Certified C	opy of Pric	rity Docume	nt(s)	
	i. DELETION OF INVENTOR(S)			oriority is co Postcard	aimed)		
	Signed statement attached deleting inventor(s)	16.	Other:	Oatcaru			
	named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	1	-		_		
6.	Application Data Sheet. See 37 CFR 1.76	ł					
17. If a C							
Application	CONTINUING APPLICATION, check appropriate box, and supp Data Sheet under 37 CFR 1.76:	ily the n	equisite information	below and	l In a prelimir	nary amendment, d	or in an
	Continuation Divisional Continuation-in-page	art (CIP	of prior a	pplication !	No ·		
Prior For CONTI	application information: Examiner						
under Box	NUATION or DIVISIONAL APPS only: The entire disclosure of 4b, is considered a part of the disclosure of the accompanyi The incorporation can only be relied upon when a portion ha	of the pu	rior application, fro tinuation or divisio	m which a	n oath or de	claration is suppl	lied
reference.				ted from t	he submitte	d application part	tea by S.
	18. CORRESPON	DENCE	ADDRESS				
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	(Insert Customer No. or A	ttach ba	r code label here).	- 23	- Correspon		iow
Name	Timin, I can, Lazer & Conen Zedek, LLP.						
Address	10 Rockefeller Plaza						
Audress	Suite 1001 / / / /						
City		lew You	rk		Zip Code	10020	
Country	USA / Telephone (2	212) 63	2-3480		Fax	(212) 632-348	9
	(Print/Type) Mark S. Cohen /	Regist	tration No. (Attorney/	(Agent)	42,425		
Signatu	ne y u / Uy			Date	30 Septemb	per 2003	

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the emount of them you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEED ROOM/FLETED POWNS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patients, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TAL AMOUNT OF	PAYMENT	(\$)1 20

METHOD OF PAYMENT (check one)

Complete if Known						
tor PERETS, Yona						
o. P-6064-US						
	tor PERETS, Yona					

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to chame	3. ADDITIONAL FEES							
		Entity		I Entity				
indicated fees end credit any over payments to:	Fee	Fee	Fee	Fee				
Deposit 07.0040	Code	(\$)	Code	(\$)	Fee Descr	iption		Fee Paid
Account 05-0649	1051	130	2051	65	Surcharge -	late filing fee or	oath	
Deposit Account Name	1052	50	2052	25	Surcharge - cover sheet.	late provisional	filing fee or	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	1053	130	1053	130	Non-English	specification		
Applicant claims small entity stetus. See 37 CFR 1.27	1812	2,520	1812	2,520	For filing a reg	uest for ex parte n	evamination	\vdash
2. Payment Enclosed:	1804	920*	1804	920*		oublication of Si		
Check Credit card Money Other	1805	1,840*	1805	1,840*	Requesting p	tion publication of St		
FEE CALCULATION	1251	110	0054		Examiner ac			
1. BASIC FILING FEE	1		2251			reply within firs		
Large Entity Small Entity	1252	410	2252	205		reply within sec		1
Fee Fee Fee Fee	1253	930	2253	465	Extension for	reply within thir	d month	
Code (\$) Code (\$) Fee Description Fee Paid	1254	1,450	2254	725	Extension for	reply within fou	rth month	
1001 750 2001 375 Utility filing fee 750	1255	1,970	2255	985	Extension for	reply within fifth	month	
	1401	320	2401	160	Notice of App	eal		
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief	in support of an	appeal .	
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for o	ral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		tute a public use	proceeding	
	1452	110	2452	55		ive - unavoidab		
SUBTOTAL (1) (\$)750	1453	1,300	2453	650		ive - unintention		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue fe	e (or reissue)		
Fee from Extra Claims Below Fee Paid	1502	470	2502	235	Design issue	fee	Ì	
Total Claims 36 -20" = 16 x 18 = 288	1503	630	2503	315	Plant issue fe	e	1	
Claims 5 -3**= 2 X 84 = 168	1460	130	1460	130	Petitions to th	e Commissione	.	
Multiple Dependent x =							}	
"	1807	50	1807			under 37 CFR 1		
Large Entity Small Entity	1806	180	1806	180	Submission of	Information Disc	osure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording eac property (time	h patent assign s number of pro	ment per perties)	į į
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	Filing a submit (37 CFR 1.129	ssion after final	rejection	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each addit	ional invention t	o be	
1204 84 2204 42 ** Relssue independent claims	1801	750	2801	375	examined (37 Request for Co	CFR 1.129(b)) ntinued Examina	tion (BCC)	
over original patent	1802	900	1802	900	Request for ex of a design ap	pedited examin	ation	
1205 18 2205 g **Reissue clalms in excess of 20 and over original patent	Cther fee (specify)							
SUBTOTAL (2) (\$)456 ↑ **or number previously paid, if greater, For Reissues, see aboye	Reduced	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						
SUBMITTED BY								
Name (Print /Type) Mask S. Cohen // L	// 1	Regis	tration	No.	42.425		lete (if applic	
		(Attorn	ey/Agen	9	42,425	Telephone	(212) 632-	3480

Signature

Burden Hour Statement: This form is stimited to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chef information Other. Patient and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO, Assistant Commissioner for Patient, Swington, DC 20231.